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INSTRUCTIONS: This for appropriate. All further cor indicated unless corrected to maintenance fee notification	below of directed other	r trans the P rwise	mitting the ISSU atent, advance or in Block I, by (a)	specifying a new c	Onton	Jonather Harreney		(-)			
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Bach additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
4678 75	90 09/20/	2007						of Mailing or Transı	niceion		
MACCORD MA 300 N. GREENE S P. O. BOX 2974		I her State addre trans	aby cortify that thi	o Roofe	Transmittal is being icient postage for firs ISSUE FEE address) 273-2885, on the da	denosi	ted with the United mail in an envelope or being facsimile cated below.				
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APPLICATION NO.	FILING DATE		, 1	FIRST NAMED INVEN	ITOR	ATTORNEY DOCKET NO.			CONFIRMATION NO.		
10/613,306	10/613,306 07/07/2003			James L. Rapier I		8878-002			4309		
TITLE OF INVENTION: W	ASTE CONTAINER	WITH	HIDDEN SLIDE	S							
APPLN, TYPE	SMALL ENTITY	ISS	UE FEE DUE	PUBLICATION FEE DUE PREV. PAID		PREV. PAID ISSUE	E FEE TOTAL FEE(S) DUE		DATE DUE		
nonprovisional	YES \$700			\$300		\$0	\$1000		12/20/2007		
EXAMINER		ART UNIT		CLASS-SUBCLASS							
HANSEN, JAMES ORVILLE			3637	312-311000							
1. Change of correspondence CFR 1.363).	e address or indication	of "Fe	ee Address" (37			atent front page, lis		1000ch	cy (Mason PLL	
Change of correspond	dence address (or Cha	nge of (Correspondence	(1) the names of or agents OR, alte	up to rnativ	3 registered paten ely,	t attorn	eys · · · · · · · · · · · · ·		10011100	
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3							
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				registered attorney or agent) and me names of up to 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.							
3. ASSIGNEE NAME AND	RESIDENCE DATA	то в	E PRINTED ON T	HE PATENT (print	or typ	ie)					
PLEASE NOTE: Unless recordation as set forth in	s an assignee is identi n 37 CFR 3.11. Comp	fied be letion o	low, no assignee of this form is NO	data will appear on ι Γa substitute for filin	the pa	atent. If an assign assignment.	ee is id	entified below, the de	ocumen	t has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)											
Peter Me		Kernersville, NC 27284									
Please check the appropriate	e assignee category or	catego	ries (will not be pr	inted on the patent):		Individual La Co	orporati	on or other private gro	oup enti	ty Government	
4a. The following fee(s) are	submitted:		4	. Payment of Fcc(s):	(Plea	se first reapply ar	ıy prev	iously paid issue fcc	shown	above)	
Issue Fee				A check is enclosed.							
Publication Fee (No small entity discount permitted) Advance Order - # of Copies				Payment by credit eard. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit overpayment, to Deposit Account Number 50128 (enclose an extra copy of this							
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5. Change in Entity Status	(from status indicated	abovo	:)								
a Applicant claims S	MALL ENTITY state	s. See	37 CFR 1.27.	□ b. Applicant is n	o long	ger claiming SMAI	LL EN	ΓΙΤΎ status, Sec 37 Cl	FR 1.27	(g)(2).	
NOTE: The Issue Fee and F interest as shown by the rec	Publication Fee (if requests of the United State	ired) v	vill not be accepted	from anyone other to Office.	than ti	he applicant; a regi	stered :	attorney or agent; or th	e assig	nce or other party in	
Authorized Signature				-				Der 20,20			
Typed or printed name R. Kody Jones				Registration No. 57,237							
This collection of informati an application. Confidential submitting the completed a this form and/or suggestion Box 1450, Alexandria, Virg Alexandria, Virginia 22313 Under the Paperwork Reduce	on is required by 37 C lity is governed by 35 pplication form to the s for reducing this but inia 22313-1450. DC -1450.										